MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)	SERIAL NO. 10/ 361479	FILING DATE 12-21-05
		APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT				AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51						
2		1						52						
3		2						53						
4		0						54						
5		0						55						
6		0						56						
7		0						57						
8		0						58						
9	1							59						
10		1						60						
11		2						61						
12		0						62						
13		0						63						
14		0						64						
15		0						65						
16								66						
17								67						
18								68						
19								69						
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44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	2							TOTAL IND.						
TOTAL DEP.	15							TOTAL DEP.						
TOTAL CLAIMS	17							TOTAL CLAIMS						